

### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

# INTOX DMT MAINTENANCE REPORT

# RECEIVED

Complete this report at the time of the regular mo Complete this report whenever the instrument is s Retain the original and send a copy within 15 day	serviced or repaired and	nance cl I whenever it is plac	ced into service.	VOV 17, 2015	
INTOX DMT SH HAME OF AGENCY 500164 Missouri State Highway Patrol			DATE OF INSPECTION 11/06/2015		
1 OCATION OF INSTRUMENT (STREET AND CITY) 613 WALNUT STREET, CHILLICOTHE, MO 64601			19:55:16	ALL VALUE OF THE CONTRACT OF T	
CHECKLIST: Place a mark in the box by each ite values where determined). Unmarked items must	em if found to be satisfa be corrected before us	ctory or is operatin ing instrument.	g within established limits. (Write	in observed	
☑ DIAGNOSTIC RECORD					
DATE AND TIME 11/06/2015 19:55:18					
☑ PROGRAM	☑ FILTER 1	FILTER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2					
☑ BREATH TUBE 48.1°C ☑ FILTER 3					
☑ PUMP		☑ INTERNAL ST	ANDARD		
BREATH ANALYZER ACCURACY STANDAR	DS				
☐ SIMULATOR STANDARD ☑ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETERS	LOT#_	AG516801	EXP. DATE <u>06/17/</u>	/2017	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULA	TOR SN	SIMULATOR EXP DATE		
□ CALIBRATION CHECK - (ONLY ONE STA Run three tests using a standard. All three test of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ E □ 0.08% STANDARD - MUST READ E	to the standard being u BETWEEN 0.095% AN BETWEEN 0.076% AN	sed. D 0.105% INCLUS D 0.084% INCLUS	SIVE		
TEST 1. 0.098	TEST 2: 0.098		TEST 3: 0.098		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
REFUSALS: 0 004: 2	.0509: 0	.10- 14: 0	.1519.2	OVER .19: <b>0</b>	
EST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODE ESTABLISHED UMITS (USE OTHER SIDE IF NECESSARY)  INSPECTING OFFICER SIGNATURE	EICATION THAT WAS MADE TO	RESTORE THE INSTRUMI		14154	
LAS DEBMITTANTES	EXPRATON DATE	TEL SPI-OI	IE N. MSER		
240157	04/22/2016		87-2345	<b>4</b>	
3	reath Alcohol Program, outheast District Office 3000 James Blvd, Poolai	'	f Health and Senior Services		



#### Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

# **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 17-Jun-2015

### Lot # AG516801

Exp. Date 17-Jun-2017

Cyl. Type

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

## Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	<u>Serial No.</u>	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	104.9 ppm 52.94 ppm

**Analytical Method:** 

NDIR

Digitally signed by Quality Control Data: 2015.06 17 15:18:11 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01